

## DISABILITY CLAIM WORKSHEET -- I.H.I. ADMINISTRATION

POLICY NO. FR. NO. B. O. AGENT STATE PLAN SOCIAL SECURITY NUMBER  
H00538069 71542 1006066 OH 57615 WOODS DV ✓

NAME: KEARNEY, CHRIS L 12168 VILLAGE WOODS DR  
ADDRESS: 15168 VILLAGE WOODS DR 10977 Reed Hartman Hwy  
CINCINNATI, OH 45241 45241 45241 Scale 125

DIAGNOSIS: LUMBOSACRAL SPINE SPRAIN W/SUSPICION OF DISC INVOL

AGE: 40 DATE OF BIRTH: 11/09/52 SEX: 01 OCC: 34 LIMITED: YES

INCURRED DATE: 02/05/93 CONTRACT DATE: 05/28/93 BY:

REINSTATEMENT DATE: 1/1/93 PAID TO DATE: 06/28/93 DATE: 06/15/93

MONTHLY INDEMNITY: 1375 LESS FICA:

\$5.25 225 LESS F.I.T.:

ELIMINATION PERIOD: 90 INDEMNITY PERIOD: AGE 60

WAIVER OF PREMIUM DATE: 5/15/93

REMARKS:

RESIDUAL NI. 1375

\$5.25

20% to 75%, 50% min 1375 less Col 270

14485025

DATE "THIS OCC.": 1/1 DATE BENEFITS TERMINATE: 1/1

REINSURANCE: YES NO

COL.	PERIOD	DAYS	AMOUNT	RES	DATE	STATUS
	Fr.05/06/93					
	To 07/06/93	60	1600.00	P	JUL 22 1993 06/15/93	X
	Fr.07-06-93					
	To 08-06-93	30	800.00	P	AUG 25 1993	
	Fr.05-06-93					
	To 07-06-93	Adm	208.00	P	SEP 03 1993	
	Fr.07-06-93					
	To 08-06-93	Adm	800.00	P	SEP 03 1993	
	Fr.					
	To					
	Fr.08-06-93					
	To 09-06-93	30	1600.00	P	SEP 14 1993	
	Fr.09-06-93					
	To 10-06-93	25	666.65	P	OCT 19 1993	
	Fr.10-06-93					
	To 11-06-93	20	1600.00	P	NOV 16 1993	
	Fr.11-06-93					
	To 12-06-93	30	1600.00	P	DEC 03 1993	
	Fr.12-06-93					
	To 01-07-94	30	1600.00	P	JAN 10 1994	
	Fr.01-07-94					
	To 02-07-94	30	1600.00	P	FEB 09 1994	
	Fr.02-07-94					
	To 04-07-94	60	3200.00	F	MAR 31 1994	
	Fr.04-07-94					
	To 04-07-94	2/10	4700.00	RF	FEB 07 1995	Disability NI Col 270
	Fr.					
	To					
	Fr.11-1-94					
	To 1-1-95	60	3200.00	P	FEB 17 1995	
	Fr.01-01-95					
	To 03-01-95	60	3200.00	P	MAR 08 1995	
	03-01-95					
	05-01-95					
	05-01-95	60	3200.00	P	MAY 04 1995	
	05-01-95	2/1	11,000.00	P	JUN 12 1995	

0955

## DISABILITY CLAIMS WORKSHEET -- I.H.I. ADMINISTRATION

POLICY NO. FR. NO. B. O. AGENT STATE PLAN SOCIAL SECURITY NUMBER  
H00538069 71542 1006066 OH 57615

NAME: KEARNEY, CHRIS L

ADDRESS: 12158 VILLAGE WOODS DR  
CINCINNATI, OH 45241

DIAGNOSIS: MAJOR DEPRESSION, CHRONIC AND ACUTE

AGE: 40 DATE OF BIRTH: 11/09/52 SEX: 01 OCC: 3 LIMITED: YES

INCURRED DATE: 02/09/93 CONTRACT DATE: 05/28/94 BY:

REINSTATEMENT DATE: ~~02/09/93~~ PAID TO DATE: 11/28/94 DATE: 11/01/94MONTHLY INDEMNITY: ~~1,375.00~~ LESS FICA: noneSOC. SEC. BENEFIT: ~~225.00~~ LESS F.I.T.:

ELIMINATION PERIOD: 90 INDEMNITY PERIOD: AGE 65 SICK

WAIVER OF PREMIUM DATE: 05/05/93

REMARKS:

COLA  
112<sup>00</sup> ea. 56

REINSURANCE

DATE "HIS OCC.":

Y /

DATE BENEFITS TERMINATE: 11/09/97

REINSURANCE: YES NO

C.A.	PERIOD	DAYS	AMOUNT	RES	DATE	STATUS
	Fr. 1/1				11/01/94	X
	To 1/1					
	Fr. 04/01/94					
	To 11/01/94	210	11,200.00	RP	02/07/95	P
	Fr. 11/01/94					
	To 01/01/95	60	3,200.00	P	02/17/95	P
	Fr. 01/01/95					
	To 03/01/95	60	3,200.00	P	03/08/95	P
	Fr. 03/01/95					
	To 05/01/95	60	3,200.00	P	05/04/95	P
	Fr. 05/01/95					
	To 06/01/95	30	1,600.00	P	06/12/95	P
	Fr. 6-1-95					
	To 7-1-95	30	1600 <sup>00</sup>	P	JUL 18 1995	
	Fr. 7-1-95					
	To 8-1-95	30	3578 <sup>67</sup>	CP	AUG 24 1995	
	Fr. 08-01-95					
	To 09-01-95	30	1824 <sup>00</sup>	P	SEP 15 1995	
	Fr. 9-1-95					
	To 10-1-95	30	1824 <sup>00</sup>	P	OCT 03 1995	
	Fr. 10-1-95					
	To 11-1-95	30	1824 <sup>00</sup>	P	NOV 01 1995	
	Fr. 11-1-95					
	To 12-01-95	30	1824 <sup>00</sup>	P	DEC 05 1995	
	Fr. 12-01-95					
	To 01-01-96	30	1824 <sup>00</sup>	P	JAN 04 1996	
	Fr. 1-1-96					
	To 2-1-96	30	1824 <sup>00</sup>	P	FEB 05 1996	
	Fr. 2-1-96					
	To 3-1-96	30	1824 <sup>00</sup>	P	MAR 13 1996	
	Fr. 3-01-96					
	To 4-01-96	30	1824 <sup>00</sup>	P	APR 09 1996	
	Fr. 4-1-96					
	To 5-1-96	30	1824 <sup>00</sup>	P	MAY 10 1996	
	Fr. 5-1-96					
	To 6-1-96	30	1917 <sup>33</sup>	CP	JUN 05 1996	
	Fr. 6-1-96					
	To 08-01-96	1				
	Fr. 07-01-96					
	To 08-01-96	30	1917 <sup>33</sup>	P	JUN 28 1996	

## DISABILITY CLAIMS WORKSHEET -- I.H.I. ADMINISTRATION

POLICY NO. FR. NO. B. O. AGENT STATE PLAN SOCIAL SECURITY NUMBER  
H00493029 71543 1006066 OH 57615

NAME: KEARNEY, CHRIS  
ADDRESS: 12168 VILLAGE WOODS DR  
CINCINNATI, OH 45241

DIAGNOSIS: MAJOR DEPRESSION, CHRONIC AND ACUTE

AGE: 40 DATE OF BIRTH: 11/09/52 SEX: 01 OCC: 3 LIMITED: YES

INCURRED DATE: 02/09/93 CONTRACT DATE: 05/28/90 BY:

REINSTATEMENT DATE: / / PAID TO DATE: 11/28/94 DATE: 02/07/95

MONTHLY INDEMNITY: 2,125.00 LESS FICA: none

SOC. SEC. BENEFITS: 625.00 LESS F.I.T.:

ELIMINATION PERIOD: 90 INDEMNITY PERIOD: 2 YR-STICK

WAIVER OF PREMIUM DATE: 05/05/93

REMARKS:

COLA 7%

19250 ea. 5-6

DATE "THIS OCC.": / / DATE BENEFITS TERMINATE: 05/06/95 AGE 65  
REINSURANCE: YES NO

C.A.	PERIOD	DAYS	AMOUNT	RES	DATE	STATUS
	Fr. 04/01/94					
	To 11/01/94	210	19,250.00	RP	02/07/95	P
	Fr. 11/01/94					
	To 01/01/95	60	5,500.00	P	02/17/95	P
	Fr. 01/01/95					
	To 03/01/95	60	5,500.00	P	03/08/95	P
	Fr. 03/01/95					
	To 05/01/95	60	5,500.00	P	05/04/95	P
	Fr. 05/01/95					
	To 06/01/95	30	2,750.00	P	06/12/95	P
	Fr. 06/01/95					
	To 07/01/95	30	2150 <sup>00</sup>	P	JUL 18 1995	
	Fr. 07/01/95					
	To 08/01/95	30	6150 <sup>00</sup>	CP	AUG 24 1995	
	Fr. 08/01/95					
	To 09/01/95	30	3135 <sup>00</sup>	P	SEP 15 1995	
	Fr. 09/01/95					
	To 10/01/95	30	3135 <sup>00</sup>	P	OCT 03 1995	
	Fr. 10/01/95					
	To 11/01/95	30	3135 <sup>00</sup>	P	NOV 07 1995	
	Fr. 11/01/95					
	To 12/01/95	30	3135 <sup>00</sup>	P	DEC 05 1995	
	Fr. 12/01/95					
	To 01/01/96	30	3135 <sup>00</sup>	P	JAN 04 1996	
	Fr. 01/01/96					
	To 02/01/96	30	3135 <sup>00</sup>	P	FEB 05 1996	
	Fr. 02/01/96					
	To 03/01/96	30	3135 <sup>00</sup>	P	MAR 13 1996	
	Fr. 03/01/96					
	To 04/01/96	30	3135 <sup>00</sup>	P	APR 09 1996	
	Fr. 04/01/96					
	To 05/01/96	30	3135 <sup>00</sup>	P	MAY 10 1996	
	Fr. 05/01/96					
	To 06/01/96	30	3295 <sup>42</sup>	CP	JUN 05 1996	
	Fr. 06/01/96					
	To 07/01/96	30	3295 <sup>42</sup>	P	JUN 22 1996	
	Fr. 07/01/96					
	To 08/01/96	30	3295 <sup>42</sup>	CP		

43705.84

0957

## DISABILITY CLAIMS WORKSHEET -- I.H.I. ADMINISTRATION

POLICY NO. FR. NO. B. O. AGENT STATE PLAN SOCIAL SECURITY NUMBER  
 H00493029 71543 1006066 OH 57615 Woods, N.Y.  
 NAME: KEARNEY, CHRIS 1168 VILLAGE Woods, N.Y.  
 ADDRESS: 12500 VILLAGE WOODS DR 10999 Read that from, Suite 125  
 CINCINNATI, OH 45241 45241 45241 45241 45241 45241  
 DIAGNOSIS: LUMBOSACRAL SPINE SPRAIN W/SUSPICION OF DISC INVOL  
 AGE: 40 DATE OF BIRTH: 11/09/52 SEX: 01 OCC: 3 LIMITED: YES  
 INCURRED DATE: 02/05/93 CONTRACT DATE: 05/28/90 BY:  
 REINSTATEMENT DATE: 1/1/93 PAID TO DATE: 06/28/93 DATE: 06/15/93  
 MONTHLY INDEMNITY: \$25.00 LESS FICA:  
 35 625 LESS F.I.T.:  
 ELIMINATION PERIOD: 90 DAYS INDEMNITY PERIOD: ~~60~~ days age 65  
 WAIVER OF PREMIUM DATE: 5/15/93  
 REMARKS: ME 2125 SS 625 4538069 Cola 29.  
Regd/IA 20% to 75% 50% 6000

DATE "HIS OCC.": 11 DATE BENEFITS TERMINATE: 6/16/93  
 REINSURANCE: YES NO

CFN.	PERIOD	DAYS	AMOUNT	RES	DATE	STATUS
	Fr. 05-06-93				JUL 22 1993	
	To 07-06-93	60	2750.00	P	06/15/93	X
	Fr. 07-06-93				SEP 03 1993	
	To 08-06-93	30	2750.00	P	SEP 03 1993	
	Fr. 05-06-93				SEP 03 1993	
	To 07-06-93	30	357.50	P	SEP 03 1993	
	Fr. 08-06-93				SEP 14 1993	
	To 08-06-93	30	1750.00	P	SEP 14 1993	
	Fr. 09-06-93				OCT 19 1993	
	To 10-01-93	25	1145.00	P	OCT 19 1993	
	Fr. 10-01-93				NOV 16 1993	
	To 11-01-93	30	2750.00	P	NOV 16 1993	
	Fr. 11-01-93				DEC 03 1993	
	To 12-01-93	30	2750.00	P	DEC 03 1993	
	Fr. 12-01-93				JAN 10 1994	
	To 03-01-94	30	2750.00	P	JAN 10 1994	
	Fr. 03-01-94				FEB 09 1994	
	To 04-01-94	60	5500.00	F	MAR 31 1994	
	Fr. 04-01-94				FEB 07 1995	This is Reg. disability
	To 01-01-94	60	5500.00	P	FEB 07 1995	Cola
	Fr.		19,250.00			
	To					
	Fr. 11-01-94				FEB 17 1995	
	To 1-1-95	60	5500.00	P	FEB 17 1995	
	Fr. 01-01-95				MAR 08 1995	
	To 03-01-95	60	5500.00	P	MAR 08 1995	
	Fr. 03-01-95				MAY 04 1995	
	To 05-01-95	60	5500.00	P	MAY 04 1995	
	Fr. 05-01-95				JUN 12 1995	
	To 06-01-95	30	2750.00	P	JUN 12 1995	
	Fr. 06-01-95					
	To 07-01-95	30	2750.00	P		
	Fr. 07-01-95					
	To 08-01-95	30	2750.00	P		
	Fr. 08-01-95					
	To 09-01-95	30	2750.00	P		
	Fr. 09-01-95					
	To 10-01-95	30	2750.00	P		
	Fr. 10-01-95					
	To 11-01-95	30	2750.00	P		
	Fr. 11-01-95					
	To 12-01-95	30	2750.00	P		
	Fr. 12-01-95					
	To 01-01-96	30	2750.00	P		
	Fr. 01-01-96					
	To 02-01-96	30	2750.00	P		
	Fr. 02-01-96					
	To 03-01-96	30	2750.00	P		
	Fr. 03-01-96					
	To 04-01-96	30	2750.00	P		
	Fr. 04-01-96					
	To 05-01-96	30	2750.00	P		
	Fr. 05-01-96					
	To 06-01-96	30	2750.00	P		
	Fr. 06-01-96					
	To 07-01-96	30	2750.00	P		
	Fr. 07-01-96					
	To 08-01-96	30	2750.00	P		
	Fr. 08-01-96					
	To 09-01-96	30	2750.00	P		
	Fr. 09-01-96					
	To 10-01-96	30	2750.00	P		
	Fr. 10-01-96					
	To 11-01-96	30	2750.00	P		
	Fr. 11-01-96					
	To 12-01-96	30	2750.00	P		
	Fr. 12-01-96					
	To 01-01-97	30	2750.00	P		
	Fr. 01-01-97					
	To 02-01-97	30	2750.00	P		
	Fr. 02-01-97					
	To 03-01-97	30	2750.00	P		
	Fr. 03-01-97					
	To 04-01-97	30	2750.00	P		
	Fr. 04-01-97					
	To 05-01-97	30	2750.00	P		
	Fr. 05-01-97					
	To 06-01-97	30	2750.00	P		
	Fr. 06-01-97					
	To 07-01-97	30	2750.00	P		
	Fr. 07-01-97					
	To 08-01-97	30	2750.00	P		
	Fr. 08-01-97					
	To 09-01-97	30	2750.00	P		
	Fr. 09-01-97					
	To 10-01-97	30	2750.00	P		
	Fr. 10-01-97					
	To 11-01-97	30	2750.00	P		
	Fr. 11-01-97					
	To 12-01-97	30	2750.00	P		
	Fr. 12-01-97					
	To 01-01-98	30	2750.00	P		
	Fr. 01-01-98					
	To 02-01-98	30	2750.00	P		
	Fr. 02-01-98					
	To 03-01-98	30	2750.00	P		
	Fr. 03-01-98					
	To 04-01-98	30	2750.00	P		
	Fr. 04-01-98					
	To 05-01-98	30	2750.00	P		
	Fr. 05-01-98					
	To 06-01-98	30	2750.00	P		
	Fr. 06-01-98					
	To 07-01-98	30	2750.00	P		
	Fr. 07-01-98					
	To 08-01-98	30	2750.00	P		
	Fr. 08-01-98					
	To 09-01-98	30	2750.00	P		
	Fr. 09-01-98					
	To 10-01-98	30	2750.00	P		
	Fr. 10-01-98					
	To 11-01-98	30	2750.00	P		
	Fr. 11-01-98					
	To 12-01-98	30	2750.00	P		
	Fr. 12-01-98					
	To 01-01-99	30	2750.00	P		
	Fr. 01-01-99					
	To 02-01-99	30	2750.00	P		
	Fr. 02-01-99					
	To 03-01-99	30	2750.00	P		
	Fr. 03-01-99					
	To 04-01-99	30	2750.00	P		
	Fr. 04-01-99					
	To 05-01-99	30	2750.00	P		
	Fr. 05-01-99					
	To 06-01-99	30	2750.00	P		
	Fr. 06-01-99					
	To 07-01-99	30	2750.00	P		
	Fr. 07-01-99					
	To 08-01-99	30	2750.00	P		
	Fr. 08-01-99					
	To 09-01-99	30	2750.00	P		
	Fr. 09-01-99					
	To 10-01-99	30	2750.00	P		
	Fr. 10-01-99					
	To 11-01-99	30	2750.00	P		
	Fr. 11-01-99					
	To 12-01-99	30	2750.00	P		
	Fr. 12-01-99					
	To 01-01-00	30	2750.00	P		
	Fr. 01-01-00					
	To 02-01-00	30	2750.00	P		
	Fr. 02-01-00					
	To 03-01-00	30	2750.00	P		
	Fr. 03-01-00					
	To 04-01-00	30	2750.00	P		
	Fr. 04-01-00					
	To 05-01-00	30	2750.00	P		
	Fr. 05-01-00					
	To 06-01-00	30	2750.00	P		
	Fr. 06-01-00					
	To 07-01-00	30	2750.00	P		
	Fr. 07-01-00					
	To 08-01-00	30	2750.00	P		
	Fr. 08-01-00					
	To 09-01-00	30	2750.00	P		
	Fr. 09-01-00					
	To 10-01-00	30	2750.00	P		
	Fr. 10-01-00					
	To 11-01-00	30	2750.00	P		
	Fr. 11-01-00					
	To 12-01-00	30	2750.00	P		
	Fr. 12-01-00					
	To 01-01-01	30	2750.00	P		
	Fr. 01-01-01					
	To 02-01-01	30	2750.00	P		
	Fr. 02-01-01					
	To 03-01-01	30	2750.00	P		
	Fr. 03-01-01					
	To 04-01-01	30	2750.00	P		
	Fr. 04-01-01					
	To 05-01-01	30	2750.00	P		
	Fr. 05-01-01					
	To 06-01-01	30	2750.00	P		
	Fr. 06-01-01					
	To 07-01-01	30	2750.00	P		
	Fr. 07-01-01					
	To 08-01-01	30	2750.00	P		
	Fr. 08-01-01					
	To 09-01-01	30	2750.00	P		
	Fr. 09-01-01					
	To 10-01-01	30	2750.00	P		
	Fr. 10-01-01					
	To 11-01-01	30	2750.00	P		
	Fr. 11-01-01					
	To 12-01-01	30	2750.00	P		
	Fr. 12-01-01					
	To 01-01-02	30	2750.00	P		
	Fr. 01-01-02					
	To 02-01-02	30	2750.00	P		
	Fr. 02-01-02					
	To 03-01-02	30	2750.00	P		
	Fr. 03-01-02					
	To 04-01-02	30	2750.00	P		
	Fr. 04-01-02					
	To 05-01-02	30	2750.00	P		
	Fr. 05-01-02					
	To 06-01-02	30	2750.00	P		
	Fr. 06-01-02					
	To 07-01-02	30	2750.00	P		
	Fr. 07-01-02					
	To 08-01-02	30	2750.00	P		
	Fr. 08-01-02					
	To 09-01-02	30	2750.00	P		
	Fr. 09-01-02					
	To 10-01-02	30	2750.00	P		
	Fr. 10-01-02					

COLA  
117  
5.6  
Has Residual

DISABILITY CLAIMS WORKSHEET -- CONTINUED  
POLICY NO.: H00538069 NAME: KEARNEY, CHRIS L

Age 45  
11-09-17

Fr. 04/01/96						
To 05/01/96	30	1,824.00	P	05/10/96	P	
Fr. 05/01/96						
To 06/01/96	30	1,917.33	K	06/05/96	P	
Fr. 06/01/96						
To 07/01/96	30	1,917.33	P	06/28/96	P	
Fr. 07/01/96						
To 08/01/96	30	1917.33	P	Aug 08 1996		
Fr. 08/01/96						
To 09/01/96	30	1917.33	P	SEP 04 1996		
Fr. 09/01/96						
To 10/01/96	30	1917.33	P	OCT 08 1996		
Fr. 10/01/96						
To 11/01/96	30	2010.68	P	NOV 14 1996	ADJ OF COLA 5.6	31
Fr. 11/01/96						
To 12/01/96	30	1936.00	K	DEC 04 1996	31.30	
Fr. 12/01/96						
To 01/01/97	30	1936.00	P	JAN 06 1997		
Fr. 01/01/97						
To 02/01/97	30	1936.00	P	FEB 04 1997		
Fr. 02/01/97						
To 03/01/97	30	1936.00	P	MAR 12 1997		
Fr. 03/01/97						
To 04/01/97	30	1936.00	P	APR 04 1997		
Fr. 04/01/97						
To 05/01/97	30	1936.00	P	MAY 06 1997		
Fr. 05/01/97						
To 06/01/97	30	2029.33	K	JUL 15 1997	← overpaid \$50	
Fr. 06/01/97						
To 07/01/97	30	2048.00	P	AUG 13 1997		
Fr. 07/01/97						
To 08/01/97	30	1998.00	P	SEP 28 1997		
Fr. 08/01/97						
To 09/01/97	30	2048.00	P	SEP 30 1997		
Fr. 09/01/97						
To 10/01/97	30	2048.00	P	OCT 31 1997		
Fr. 10/01/97						
To 11/01/97	30	2048.00	P			
Fr. 11/01/97						
To 12/01/97	30	2048.00	P	DEC 02 1997		
Fr. 12/01/97						
To 01/01/98	30	2048.00	P	Jan 12 1998		
Fr. 01/01/98						
To 02/01/98	30	2048.00	P	Feb 3 1998		
Fr. 02/01/98						
To 03/01/98	30	2048.00	P	MAR 03 1998		
Fr. 03/01/98						
To 04/01/98	30	2048.00	P	APR 03 1998		
Fr. 04/01/98						
To 05/01/98	30	2048.00	P	MAY 04 1998		
Fr. 05/01/98						
To 06/01/98	30	2141.33	K	JUN 03 1998		
Fr. 06/01/98						
To 07/01/98	30	2160.00	P	JUL 02 1998		
Fr. 07/01/98						
To 08/01/98	30	2160.00	P	AUG 04 1998		
Fr. 08/01/98						
To 09/01/98	30	2160.00	P	SEP 02 1998		
Fr. 09/01/98						
To 10/01/98	30	2160.00	P	OCT 02 1998		
Fr. 10/01/98						
To 11/01/98	30	2160.00	P	NOV 03 1998		

0959

Cola - 5/6  
\$112.00

DISABILITY CLAIMS WORKSHEET -- CONTINUED  
POLICY NO.: H00538069 NAME: KEARNEY, CHRIS L

Age 65  
11-09-17

His Occ  
SAB

Cola 5/6  
\$192.30

Cola does not apply to Residual

"due regard to earnings"

DISABILITY CLAIMS WORKSHEET -- C  
028 NAME: KEARNEY, CHRIS

send form  
res

11-9-17

POLICY NO. H00493023

NAME: KEARNEY, CHRIS

POLICY NO. 1 HU049504

ED send form  
res

~~Cola~~  
5/6 1996

Cola does not apply to Residual 3 11-9-97

DISABILITY CLAIMS WORKSHEET CONTINUED  
POLICY NO.: H00493029 NAME: KEARNEY, CHRIS

Fr.	To	30	3,295.42	K	06/05/96	P
Fr. 05/01/96						
To 06/01/96	30	3,295.42				
Fr. 06/01/96						
To 07/01/96	30	3,295.42	P		06/28/96	P
Fr. 07/01/96						
To 08/01/96	30	3,295.42	P		AUG 08 1996	
Fr. 08/01/96						
To 09/01/96	30	3,295.42	P		SEP 04 1996	
Fr. 09/01/96						
To 10/01/96	30	3,295.42	P		OCT 08 1996	
Fr. 10/01/96						
To 11/01/96	30	3,455.82	P		NOV 06 1996	
Fr. 11/01/96						
To 12/01/96	30	3,327.50	K		DEC 04 1996	
Fr. 12/01/96						
To 01/01/97	30	3,327.50	P		JAN 06 1997	
Fr. 01/01/97						
To 02/01/97	30	3,327.50	P		FEB 04 1997	
Fr. 02/01/97						
To 03/01/97	30	3,327.50	P		MAR 12 1997	
Fr. 03/01/97						
To 04/01/97	30	3,327.50	P		APR 04 1997	
Fr. 04/01/97						
To 05/01/97	30	3,327.50	P		MAY 06 1997	
Fr. 05/01/97						
To 06/01/97	30	3,487.50	K		JUN 09 1997	
Fr. 06/01/97						
To 07/01/97	30	3,500.00	K		JUL 15 1997	
Fr. 07/01/97						
To 08/01/97	30	3,520.00	P		AUG 13 1997	
Fr. 08/01/97						
To 09/01/97	30	3,520.00	P		AUG 28 1997	
Fr. 09/01/97						
To 10/01/97	30	3,520.00	P		SEP 30 1997	
Fr. 10/01/97						
To 11/01/97	30	3,520.00	P		OCT 31 1997	
Fr. 11/01/97						
To 12/01/97	30	3,520.00	P		DEC 02 1997	
Fr. 12/01/97						
To 01/01/98	30	3,520.00	P		JAN 12 1998	
Fr. 01/01/98						
To 02/01/98	30	3,520.00	P		FEB 03 1998	
Fr. 02/01/98						
To 03/01/98	30	3,520.00	P		MAR 03 1998	
Fr. 03/01/98						
To 04/01/98	30	3,520.00	P		APR 03 1998	
Fr. 04/01/98						
To 05/01/98	30	3,520.00	P		MAY 04 1998	
Fr. 05/01/98						
To 06/01/98	30	3,680.42	K		JUN 03 1998	
Fr. 06/01/98						
To 07/01/98	30	3,712.50	P		JUL 02 1998	
Fr. 07/01/98						
To 08/01/98	30	3,712.50	P		AUG 04 1998	
Fr. 08/01/98						
To 09/01/98	30	3,712.50	P		SEP 02 1998	
Fr. 09/01/98						
To 10/01/98	30	3,712.50	P		OCT 02 1998	
Fr. 10/01/98						
To 11/01/98	30	3,712.50	P		NOV 03 1998	
Fr. 11/01/98						

Cola 5/6  
\$112.00

Age 65  
11-09-17

DISABILITY CLAIMS WORKSHEET -- CONTINUED

POLICY NO.: H00538069

NAME: KEARNEY, CHRIS E

100340  
H-538069  
DIAGNOSIS: MAJOR DEPRESSION, CHRONIC AND ACUTE  
AGE: 40 DATE OF BIRTH: 11/09/52 SEX: 01 OCC: 3 LIMITED: YES  
INCURRED DATE: 02/09/93 CONTRACT DATE: 05/28/94 BY:  
REINSTATEMENT DATE: ~~02/09/93~~ PAID TO DATE: 11/28/94 DATE: 11/01/94  
MONTHLY INDEMNITY: ~~1,375.00~~ LESS FICA: none  
SOC. SEC. BENEFIT: ~~225.00~~ LESS F.I.I.:  
ELIMINATION PERIOD: 90 INDEMNITY PERIOD: AGE 65 SICK  
WAIVER OF PREMIUM DATE: 05/05/93

REMARKS:

COLA  
T12 = ea. 5-6

Reinsurance

DATE "HIS OCC.": / / DATE BENEFITS TERMINATE: 11/09/97  
REINSURANCE: YES NO

C.A.	PERIOD	DAYS	AMOUNT	RES	DATE	STATUS
	Fr. / /				11/01/94	X
	To / /					
	Fr. 04/01/94					
	To 11/01/94	210	11,200.00	RP	02/07/95	P
	Fr. 11/01/94					
	To 01/01/95	60	3,200.00	P	02/17/95	P
	Fr. 01/01/95					
	To 03/01/95	60	3,200.00	P	03/08/95	P
	Fr. 03/01/95					
	To 05/01/95	60	3,200.00	P	05/04/95	P
	Fr. 05/01/95					
	To 06/01/95	30	1,600.00	P	06/12/95	P
	Fr. 6-1-95					
	To 7-1-95	30	1600 <sup>00</sup>	P	JUL 18 1995	
	Fr. 7-1-95					
	To 8-1-95	30	3518 <sup>00</sup>	CP	AUG 24 1995	
	Fr. 08-01-95					
	To 09-01-95	30	1824 <sup>00</sup>	CP	SEP 15 1995	
	Fr. 9-1-95					
	To 10-1-95	30	1824 <sup>00</sup>	P	OCT 03 1995	
	Fr. 10-1-95					
	To 11-1-95	30	1824 <sup>00</sup>	P	NOV 01 1995	
	Fr. 11-01-95					
	To 12-01-95	30	1824 <sup>00</sup>	CP	DEC 05 1995	
	Fr. 12-01-95					
	To 01-01-96	30	1824 <sup>00</sup>	CP	JAN 04 1996	
	Fr. 01-01-96					
	To 02-01-96	30	1824 <sup>00</sup>	CP		
	Fr. 02-01-96					
	To 03-01-96	30	1824 <sup>00</sup>	P	FEB 05 1996	
	Fr. 03-01-96					
	To 04-01-96	30	1824 <sup>00</sup>	CP	MAR 13 1996	
	Fr. 04-01-96					
	To 05-01-96	30	1824 <sup>00</sup>	P	APR 09 1996	
	Fr. 05-01-96					
	To 06-01-96	30	1917 <sup>33</sup>	CP	MAY 10 1996	
	Fr. 06-01-96					
	To 07-01-96	30	1917 <sup>33</sup>	CP	JUN 05 1996	
	Fr. 07-01-96					
	To 08-01-96	1	1917 <sup>33</sup>	CP	JUN 20 1996	

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H.I. ADMINISTRATOR																																																																																																																										
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<table border="1"> <thead> <tr> <th>PERIOD</th> <th>AGE</th> <th>PREMIUM</th> <th>STATUS</th> </tr> </thead> <tbody> <tr> <td>04-01-94</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>05-01-94</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>06-01-94</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>07-01-94</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>08-01-94</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>09-01-94</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>10-01-94</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>11-01-94</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>12-01-94</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>01-01-95</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>02-01-95</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>03-01-95</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>04-01-95</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>05-01-95</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>06-01-95</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>07-01-95</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>08-01-95</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>09-01-95</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>10-01-95</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>11-01-95</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>12-01-95</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>01-01-96</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>02-01-96</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>03-01-96</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>04-01-96</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>05-01-96</td> <td>30</td> <td>3135.00</td> <td>P</td> </tr> <tr> <td>06-01-96</td> <td>30</td> <td>3295.42</td> <td>P</td> </tr> <tr> <td>07-01-96</td> <td>30</td> <td>3295.42</td> <td>P</td> </tr> </tbody> </table>							PERIOD	AGE	PREMIUM	STATUS	04-01-94	30	3135.00	P	05-01-94	30	3135.00	P	06-01-94	30	3135.00	P	07-01-94	30	3135.00	P	08-01-94	30	3135.00	P	09-01-94	30	3135.00	P	10-01-94	30	3135.00	P	11-01-94	30	3135.00	P	12-01-94	30	3135.00	P	01-01-95	30	3135.00	P	02-01-95	30	3135.00	P	03-01-95	30	3135.00	P	04-01-95	30	3135.00	P	05-01-95	30	3135.00	P	06-01-95	30	3135.00	P	07-01-95	30	3135.00	P	08-01-95	30	3135.00	P	09-01-95	30	3135.00	P	10-01-95	30	3135.00	P	11-01-95	30	3135.00	P	12-01-95	30	3135.00	P	01-01-96	30	3135.00	P	02-01-96	30	3135.00	P	03-01-96	30	3135.00	P	04-01-96	30	3135.00	P	05-01-96	30	3135.00	P	06-01-96	30	3295.42	P	07-01-96	30	3295.42	P
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Cola 5/6  
\$192.50

Cola does not apply to Residual

"due regard to earnings"

DISABILITY CLAIMS WORKSHEET -- CONTINUED *Send Form*  
POLICY NO.: H00493029 NAME: KEARNEY, CHRIS *req* *11-9-17*

ADDRESS  
CHANGE

3218 GLEN GYLE AVE.  
CINCINNATI, OH 45303

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